



|   |  |  |
|---|--|--|
| <b>Index of Claims</b><br> | <b>Application/Control No.</b><br>10824357 | <b>Applicant(s)/Patent Under Reexamination</b><br>BABUL, NAJIB |
|   | <b>Examiner</b><br>Kim, Jennifer           | <b>Art Unit</b><br>1617  |

|   |                 |   |                   |   |                     |   |                 |
|---|-----------------|---|-------------------|---|---------------------|---|-----------------|
| ✓ | <b>Rejected</b> | - | <b>Cancelled</b>  | N | <b>Non-Elected</b>  | A | <b>Appeal</b>   |
| = | <b>Allowed</b>  | ÷ | <b>Restricted</b> | I | <b>Interference</b> | O | <b>Objected</b> |

☐ Claims renumbered in the same order as presented by applicant
 ☐ CPA
 ☐ T.D.
 ☐ R.1.47

| CLAIM |          | DATE       |  |  |  |  |  |  |  |  |  |
|-------|----------|------------|--|--|--|--|--|--|--|--|--|
| Final | Original | 08/06/2007 |  |  |  |  |  |  |  |  |  |
|       | 1        | +          |  |  |  |  |  |  |  |  |  |
|       | 2        | +          |  |  |  |  |  |  |  |  |  |
|       | 3        | +          |  |  |  |  |  |  |  |  |  |
|       | 4        | +          |  |  |  |  |  |  |  |  |  |
|       | 5        | +          |  |  |  |  |  |  |  |  |  |
|       | 6        | +          |  |  |  |  |  |  |  |  |  |
|       | 7        | +          |  |  |  |  |  |  |  |  |  |
|       | 8        | +          |  |  |  |  |  |  |  |  |  |
|       | 9        | +          |  |  |  |  |  |  |  |  |  |
|       | 10       | +          |  |  |  |  |  |  |  |  |  |
|       | 11       | +          |  |  |  |  |  |  |  |  |  |
|       | 12       | +          |  |  |  |  |  |  |  |  |  |
|       | 13       | +          |  |  |  |  |  |  |  |  |  |
|       | 14       | +          |  |  |  |  |  |  |  |  |  |
|       | 15       | +          |  |  |  |  |  |  |  |  |  |
|       | 16       | +          |  |  |  |  |  |  |  |  |  |
|       | 17       | +          |  |  |  |  |  |  |  |  |  |
|       | 18       | +          |  |  |  |  |  |  |  |  |  |
|       | 19       | +          |  |  |  |  |  |  |  |  |  |
|       | 20       | +          |  |  |  |  |  |  |  |  |  |
|       | 21       | +          |  |  |  |  |  |  |  |  |  |
|       | 22       | +          |  |  |  |  |  |  |  |  |  |
|       | 23       | +          |  |  |  |  |  |  |  |  |  |
|       | 24       | +          |  |  |  |  |  |  |  |  |  |
|       | 25       | +          |  |  |  |  |  |  |  |  |  |
|       | 26       | +          |  |  |  |  |  |  |  |  |  |
|       | 27       | +          |  |  |  |  |  |  |  |  |  |
|       | 28       | +          |  |  |  |  |  |  |  |  |  |
|       | 29       | +          |  |  |  |  |  |  |  |  |  |
|       | 30       | +          |  |  |  |  |  |  |  |  |  |
|       | 31       | +          |  |  |  |  |  |  |  |  |  |
|       | 32       | +          |  |  |  |  |  |  |  |  |  |
|       | 33       | +          |  |  |  |  |  |  |  |  |  |
|       | 34       | +          |  |  |  |  |  |  |  |  |  |
|       | 35       | +          |  |  |  |  |  |  |  |  |  |
|       | 36       | +          |  |  |  |  |  |  |  |  |  |

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| <input type="checkbox"/> Claims renumbered in the same order as presented by applicant |          | <input type="checkbox"/> CPA |  | <input type="checkbox"/> T.D. |  | <input type="checkbox"/> R.1.47 |  |  |  |
|--|----------|------------------------------|--|-------------------------------|--|---------------------------------|--|--|--|
| CLAIM  |          | DATE                         |  |                               |  |                                 |  |  |  |
| Final  | Original | 08/06/2007                   |  |                               |  |                                 |  |  |  |
|  | 37       | +                            |  |                               |  |                                 |  |  |  |
|  | 38       | +                            |  |                               |  |                                 |  |  |  |
|  | 39       | +                            |  |                               |  |                                 |  |  |  |
|  | 40       | +                            |  |                               |  |                                 |  |  |  |